

State Form 52514 (1-06)

## PRIVACY NOTICE

All social security numbers are requested by this agency in accordance with the requirements of the Internal Revenue Code. Disclosure is mandatory and this form will not be processed without this information.

## **Employer's Report of a 45-Year Rule Employee**

The 45-Year Rule is an exception to the 10-year interest cessation rule that applies to members who have not worked in a PERF-covered position for at least ten years. This rule includes PERF members who leave PERF-covered employment, but remain with the same employer. Members who have moved from a PERF-covered position to a position that is not covered by the Fund within the same employer are entitled to continue receiving interest on the amounts invested in the Guaranteed Fund for up to 45 years.

Please list your organization's information along with information about the employee who falls under the 45-Year Rule. Include the employee's name, social security number, date transferred from a PERF-covered position to a non-covered one and whether he/she is currently employed with you.

## 1. Employer Information

Employer Name	Employer Account Number
Printed Name of Person Submitting Form	Phone Number (area code first)
Signature of Person Submitting Form	Date
oignature of reason submitting room	Date

## 2. Employee Information

Employee Name	Social Security Number	Date Transferred to a Non-Covered Position (MM/DD/YYYY)	Currently employed with same employer? (Yes/No)

Upon completion, please send this report to PERF: 143 West Market Street, Indianapolis, IN 46204. You may also fax it: 317-233-1765. If you fax this form, PERF does not need the hard copy.